

MDR Tracking Number: M5-04-1029-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-09-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic exercises, iontophoresis, supplies/materials, neuromuscular re-education, special supplies and hot and cold packs were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 01-28-03 through 02-12-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of February 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-1029-01
IRO Certificate No.: 5259

February 11, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Available information suggests that this patient reports a left ankle injury occurring while at work on ___. The patient finished the workday then presented to the hospital where she was evaluated, x-rayed and released with a diagnosis of sprained left ankle and contusion of the right knee. She then presented to her chiropractor, ___, who performed various therapies and treatments with significant resolution of ankle pain. The patient was referred for orthopedic evaluation with a ___, who eventually performed ankle surgery for chronic instability on 8/14/02. ___ continued post-surgical therapy with little improvement noted. The patient was then referred to ___ for physical therapy to the left ankle only on 12/3/02. The initial course of treatment from 12/11/02 through 12/26/02 suggests little if any progress or resolution of symptoms. Additional physical therapy including iontophoresis and therapeutic exercise appears to be continued through 2/12/03. According to physical therapy notes, only limited improvement is documented and the individual is described as a "symptom exaggerating patient."

REQUESTED SERVICE (S)

Determine medical necessity for office visits, exercises, iontophoresis, supplies/materials, neuromuscular reeducation and hot/cold packs for period in dispute 1/28/03 through 2/12/03.

DECISION

Medical necessity for these ongoing treatments and services (1/28/03 through 2/12/03) are not supported by available documentation.

RATIONALE/BASIS FOR DECISION

Ongoing therapeutic modalities of this nature suggest little potential for further restoration of function or resolution of symptoms at one year post injury. With therapist's notes suggesting possible symptom exaggeration, an appropriate behavioral or psychosocial evaluation would have been indicated prior to continuation of therapeutic intervention at these levels.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Guidelines for Conservative Management of Ankle Injuries, The American College of Foot and Ankle Surgeons, 2003.
3. Bogduk N, Mercer S. Musculoskeletal Physiotherapy – Clinical Science and Practice *Butterworth Heinemann, Oxford* (1995) Selection and application of treatment in Clinical Practice, Refshauge KM, Gass EM.

4. Neeter C. et al. Iontophoresis for Post Surgical Ankle Pain, Journal of Medicine & Science in Sports, Volume 13 Issue 6 Page 376 – December 2003.
5. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.